TRANSMITTAL UNDER 37 CFR 1.53(b) To: Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22313-1450 CYAN FLUORESCENCE DYE FOR COATED OPTICAL BEAD RANDOM ARRAY DNA ANALYSIS First Named Inventor (or Application Identifier):	333 J
P.O. Box 1450 Alexandria, VA. 22313-1450 CYAN FLUORESCENCE DYE FOR COATED OPTICAL BEAD RANDOM ARRAY DNA ANALYSIS First Named Inventor (or Application Identifier):	165
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Krishnan Chari, et al	10
Enclosed are:	
1. X Specification 6. X Assignment of the invention to	
Eastman Kodak Company	
2. 3 Sheet(s) of drawing(s) 7. Certified copy of a priority	
3. Information Disclosure Statement Under 37 CFR 8. Associate Power of Attorney 1.97.	
4. Combined Declaration for Patent Application and Power of Attorney:	
4a. X New	
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)	
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).	
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named to be a statement attached attached atta	ıed
which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and	
is considered as being part of the disclosure of the accompanying 1.33(b).	
application and is hereby incorporated by reference therein.	
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page	: 1,
after the title, by inserting the following:CROSS REFERENCE TO RELATED APPLICATION	
Reference is made to and priority claimed from U.S. Provisional Application Serial No.,	
filed, entitled.	
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:	
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:	
12. X Please address all written communications to Paul A. Leipold, Patent Legal Staff,	
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.	
Please Direct all telephone calls to Kathleen Neuner Manne at 585-722-9225.	
The filing fee has been calculated as shown below:	
FOR: NO. FILED NO. EXTRA RATE FEE	
BASIC FEE \$ 770	
TOTAL CLAIMS 33 - 20 = 13 x 18 = \$234	
INDEPENDENT CLAIMS 4 - 3 = 1 x 86 = \$86	
MULTIPLE DEPENDENT CLAIM PRESENTED + 290 \$ 0	
TOTAL \$ 1090	
Please charge my Fastman Kodak Company Denosit Account No. 05-0225 in the amount of \$ 1090	
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 1090 A duplicate copy of this sheet is enclosed	
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A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225. A duplicate copy of this sheet is enclosed.	
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